

STATE OF NEW HAMPSHIRE
BOARD OF CERTIFICATION
OF NATURAL SCIENTISTS

N.H. Joint Board of Licensure
57 Regional Drive
Concord, N.H. 03301
www.state.nh.us/jtboard/ns.htm

Appl.# _____
For Office Use Only

Cert.# _____

Application for Certification as a
WETLAND SCIENTIST

1. INSTRUCTIONS FOR FILING APPLICATION

- a. Each applicant for certification shall fill out the application blanks, in every detail
- b. Money Order, Bank Draft or Check in payment of fee must accompany the application, made payable to: **Treasurer, State of N.H.** (Non-refundable)
- c. The Application **shall be typewritten** and submitted to the Board office.
- d. The applicant is requested to read thoroughly and understand Chapter 310-A:75 thru 97, Revised Statutes Annotated, Laws of N.H., and Code of Administrative Rules for Board of Natural Scientists, before filing application.

Enclosed herewith is the Application Fee, in the amount of \$75.00 payable to: **TREASURER, STATE OF N.H.**

2. GENERAL INFORMATION

- a. Name in Full _____ Soc.Sec.# _____
- b. Usual Written Signature (typed) _____
- c. Residence Address* _____ ()
- d. Present Position (Organization & Title) _____
- e. Business Address* _____ ()
- f. Place of Birth _____ Date _____
- g. Telephone _____ E-Mail _____

* Indicate mailing address by marking X in parenthesis.

3. REGISTRATION/CERTIFICATION IN OTHER STATES

(Do not include Certification by a Technical, Scientific, or any other non-Government Body)

State in which first registered or certified as a Wetland Scientist _____

Date of Certificate _____ Certificate # _____

Registered by examination? _____ If not, how? _____

Is Certificate now in force? _____ If not, why? _____

Other States in which registered-if by exam, specify _____

Has any Certificate ever been revoked? _____ If so, why? _____

4. CURRENT MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS

Name of Organization	Location	Grade of Membership	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. EDUCATION REQUIREMENTS

Qualifications for certification as a wetland scientist are set forth in RSA 310-A:84 II-a, RSA 310-84 II-b and administrative rule Soil 302.04, 302.05. ***The completion of a minimum of 24 combined credit or non-credit semester hours in environmental sciences per Soil 302.04 (a) (b) (in addition to one (1) year of experience) OR 12 combined credit or non-credit semester hours in environmental sciences per Soil 302.04 (a) (b) (in addition to three (3) years of experience) is required of all applicants.*** A college degree is not required. 12.5 hours of the workshops in any of the environmental sciences shall be equivalent to one semester hour.

Successful completion and documentation of the required combined credit or non-credit semester hours of course work in environmental sciences (with or without a degree) will satisfy the educational requirement. The environmental sciences include: botany, soil science, hydrology, wetland science, biology, forestry, wildlife, ecology, water resources, plant science, agronomy, geology or earth science. A copy of evidence of completion of the education requirement must be attached to the application.

12.5 hours of the workshops in any of the environmental sciences shall be equivalent to one semester hour. The following courses and associated semester hours are submitted to document the educational requirement for wetland scientist certification:

[illegible]

(Use additional sheets as necessary)

For Board Staff Use Only: Total College Semester Hours Verified: _____

6-A. PROFESSIONAL EXPERIENCE RELATED TO WETLAND SCIENCE

Below please list all related Wetland Science professional experience including teaching experience. Use this page as a summary and submit detailed and complete information on enclosed supplemental experience record sheet identifying each experience with the ID#. Attach evidence of experience as defined in Administrative Rule Soil 302.04 of the NH Code of Administrative Rules for the Board of Natural Scientists.

Professional Experience

ID#	Dates of Employment	Name and Address of Employer Title of Position	Name and address of someone familiar to whom applicant reported or with whom he/she was associated.

6-B. WETLAND DELINATION PLANS

A minimum of one year of actual, wetland field delineation experience AND (6) plans, is required of applicants per Administrative Rule **Soil 302.04 (a) (b) OR three years** of actual, wetland field delineation experience AND (18) plans, is required of applicants per Administrative Rule **Soil 302.04 (c) (d)**. Documentation of that experience consists of the presentation the required number of plans, each indicating a wetland delineation determined by the applicant. **If the name of the delineator is not on the plan, a witness from the company who performed the delineation must indicate that the applicant did the delineation.** Three (3) of the six (6) **OR** nine (9) of the eighteen (18) wetland delineation's must have been conducted pursuant to the standards of the Corps of Engineers Wetland Delineation Manual, Technical Report 4-87-1, (January, 1987). The remaining wetland delineation plans must meet the requirements of a state of federal agency. All plans submitted for purpose of documenting the experience requirement must be listed on the following **Plan Summary** as Plan ID Numbers one (1) through six (6) **OR** (1) through (18) as required. Each plan listed on the Plan Summary must include on the plan:

- 1) The citation of the delineation standard that was utilized;
- 2) The agency to which they were submitted; and
- 3) The applicable owner information.

All plans must be submitted and include a copy of the United States Geological Survey quad sheet with the site located.

WETLAND DELINEATION PLAN SUMMARY

<u>Plan ID</u>	<u>Date</u>	<u>Standard</u>	<u>Agency</u>	<u>Owner's Name and Address</u>
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1.

2.

3.

4.

5.

6.

Additional sheet to be utilized for candidates applying per Administrative Rule Soil 302.04 (c) and (d) which requires 18 plans.

7.

8.

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15.

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17.

18.

7. REFERENCES OF CHARACTER AND QUALIFICATIONS

Applicant will give the name and address of not fewer than five reputable citizens, unrelated to him/her of whom at least two shall be practicing or certified Wetland Scientists, having personal knowledge of the applicant's experience. Name of persons listed under section 6 "Experience" may also be used as references. Written references will be submitted to the Board on forms supplied by the Board.

[illegible]

No action will be taken on this application unless the information requested above is comprehensive and complete.

I have received and read a copy of the Administrative Rules and the Statutes pertaining to the practice of Wetland Science. I further certify that I have read the contents of this application and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certification, as applied for, but also to the retention of said certificate, if issued.

Signature of Applicant

8. AFFIDAVITS

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

(Signature of Applicant)

(Date)

Please send completed application and all communications to:

**N.H. JOINT BOARD OF LICENSURE
57 REGIONAL DRIVE
CONCORD, N.H. 03301**

SUPPLEMENTARY EXPERIENCE RECORD IN DETAIL

Affix your signature and date to this and each additional sheet. Add additional sheets as required. Use plain white pages and number consecutively. Type on one side only. Number each wetlands science engagement to correspond with the engagement ID# listed in your application. In a chronological order, starting with your **first wetland science engagement**, list and identify your wetlands science projects and/or assignments. Be specific in identifying the portion of the work you personally did. In describing your experience avoid using such terms as: involved with, responsible for, participated in, taken part/assisted in, coordinated, coordination of, in charge of, was assigned or other similar forms: I calculated, I analyzed, I recommended, I evaluated, etc. After you have prepared your first draft, read it critically. Does it show a reviewer, who is not familiar with your work you applied and verify time-wise the experience claimed in your application.

Read instructions carefully. The Supplementary Experience Record is a most important part of your application.

Signature _____ Date _____
(ALSO SIGN AND DATE EACH ADDITIONAL SHEET)

RETURN THIS CHECKLIST WITH YOUR APPLICATION

APPLICATION CHECKLIST

Candidate Name

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay.

Have you:

_____ Marked the box on the application form indicating which address you want us to use?

_____ Requested your college/university to send us your transcript directly?

_____ Completed the “References” portion of the application, sent reference forms and Board addressed and stamped envelopes to each of your references, and kept a blank copy of the form for yourself?

_____ Filled in the detailed experience summary sheets? (copy if needed)

_____ Included the correct fee with the check made payable to **Treasurer, State of NH**?

_____ Enclosed your **six** (6) or **eighteen** (18) wetland delineation maps ?

_____ Included this Checklist with your application?

Date_____

College or University Registrar

Dear Registrar:

Enclosed please find my fee in the amount of \$_____ in payment for a certified transcript of my scholastic record. I attended college during the years _____ to_____. I received my degree on _____
_____. My Social Security number is _____ and my date of birth is _____.

My student identification number was_____.

Please send the transcript **directly** to the following address:

New Hampshire Joint Board of Licensure
57 Regional Drive
Concord, New Hampshire 03301-8518

The Board of Natural Scientists have informed me that they will treat the transcript in accordance with the provisions of the Education Rights Privacy Act and that no unauthorized person will have access to the transcript.

Sincerely,

(Signature)

(Printed Name and Address)

THE STATE OF NEW HAMPSHIRE
BOARD OF NATURAL SCIENTISTS
57 REGIONAL DRIVE
CONCORD, NEW HAMPSHIRE 03301

Dear Sir/ Madam:

_____ of _____
applied to this Board for Certification in the State of New Hampshire as a Certified Wetland Scientist and has given your name as a reference and/or has stated that he/ she has worked for you or with you. The Board would appreciate your sending the information requested on the reverse side of this letter. We assure you that such information as you give will be treated in the strictest confidence.

The Board is required by law to obtain evidence of good character of the applicant and his/ her qualifications as a Wetland Scientist before issuing a certificate of licensure. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed with the application.

The Board asks that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may have serious public consequences, you have a grave responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot process the application for certification until the reference forms are returned, a prompt reply is appreciated.

Sincerely,

Julie Levesque
Sr. Accounting Technician

Re: Application of _____ No. _____

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name _____
(Please print)

2. What is your address _____
(Street and number) (City or Town)

3. What is your present business or profession? _____

4. Are you a Certified or Practicing Wetland Scientist? _____

5. How long have you known the applicant? _____

6. Are you in any way related to the applicant? _____

7. Do you have any business connection with the applicant? _____

8. Do you know anything reflecting adversely on the integrity or general good character of the applicant? _____

9. Would you employ the applicant in a position of trust? _____

10. If the applicant is connected with a firm, partnership or corporation please give its name and address: _____

Position he/ she fills with the firm? _____

11. Is the applicant qualified to be placed in responsible charge of wetland science work?

12. If the applicant is in individual practice, please indicate the nature of such practice.

13. Do you recommend the applicant for Certification as a Wetland Scientist? _____

14. Additional remarks: _____

I make the above statements with full knowledge that the person referred to is making application for Certification by the State of New Hampshire as a Certified Wetland Scientist and after reading the information given in the letter on the reverse side of this form.

Date _____ Written Signature _____